

**STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE & INDUSTRIES
FOOD SAFETY & CONSUMER DIVISION
PESTICIDE MANAGEMENT SECTION**

**CERTIFICATION OF INSURANCE
PERTAINING TO LICENSED STRUCTURAL PEST CONTROL BUSINESSES**

Insured: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Insurance Company(ies): _____

Policy Number: _____ **Effective Date:** _____ **Expiration Date:** _____

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- A. **Rule 80-10-9-.28, Alabama Administrative Code** requires that before a permit is issued or reissued to engage in Control of Wood Destroying Organisms; Industrial, Institutional, and Household Pest Control; or Fumigation Pest Control applicant shall provide proof of insurance coverage of not less than \$150,000.00 to insure against liability for damage to persons or property occurring as a result of applicant's work or service to premises or any other property under applicant's care, custody or control.
- B. **Rule 80-10-9-.28, Alabama Administrative Code** requires that applicants permitted to engage in Control of Wood Destroying Organisms and that perform Wood Destroying Organisms Inspections for Real Estate Transaction Inspections shall also have errors and omissions coverage in an amount not less than \$100,000.00. Does the insured have errors and omissions coverage as required? Yes ☐ No ☐
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Certification is hereby made that insurance coverage as required by **Rule 80-10-9-.28, Alabama Administrative Code** has been established by the above named insured through liability insurance that meets or exceeds the minimum amounts specified above.

Carrier or Agent: _____

By: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: () _____

CERTIFICATE HOLDER:

Alabama Department of Agriculture and Industries
Pesticide Management Section
PO Box 3336
Montgomery AL 36109